

Railway Surgeons to Meet in Chicago.—The twenty-third annual meeting of the American Association of Railway Surgeons will be held at the Palmer House, Chicago, September 19 to 23, 1938.

This association includes members in practically every railroad company in the United States.

An extremely interesting and highly profitable program has been arranged and all physicians and surgeons are invited to attend the sessions of this meeting as guests of the organization.

A cordial invitation for you to attend is extended by Dr. Harvey Bartle, President of the Association. Complete program and information regarding the meeting and the exhibits may be secured by addressing Mr. A. G. Park, Convention Manager, the American Association of Railway Surgeons, Palmer House, Chicago, Illinois.

University Plans Laboratory to Battle Plague.—Energetic and widespread action against sylvatic plague, a dangerous bacillus infection which is now veritably sweeping through the rodent populations of the western states, has been undertaken by the University of California with the proposed construction of a sylvatic plague laboratory on the campus of the University's medical school here. The plague constitutes a definite threat to humans, although, according to observations and studies thus far made, it appears to lack the virulence of other contagions that have appeared in the West in the past, such as bubonic plague.

The laboratory, which will be erected immediately contiguous to the Hooper Foundation for Medical Research, a part of the medical school, and will concentrate on the rodent fleas, the principal carriers. Both the State and the University have been active in the campaign against sylvatic plague for some years past. All interested agencies have formed a Sylvatic Plague Committee, which has devoted itself to the collection of evidence of this plague everywhere on the American Continent and is taking measures to combat it. Antiplague serum is being kept constantly on hand at the Hooper Foundation.

Four nonfatal human cases of the plague have been bacteriologically proved thus far and there is strong evidence that a fifth case was infected with the plague bacillus. The plague has taken a considerable toll among the rodent populations of the state, the infected fleas being found on squirrels, chipmunks, chickarees and other forms. The Hooper Foundation has counted thirteen rodents and rodent varieties that suffer from spontaneous plague, the list including squirrels, marmots, chipmunks, prairie dogs, mice, and rats.

It is generally believed that the west coast became infected in the course of the pandemic of 1894, which originated in Hong Kong. It is presumed that rats conveyed the seed to the shores of California and spread it to the squirrels. It has now reached Montana and appears to be working eastward.

University of California Men Present Papers at World-Famed Congress.—Seven members of the University of California faculty were given the privilege, personally and otherwise, of addressing a world audience at the International Physiological Congress in Zurich, Switzerland, in August. Among them was Dr. Herbert M. Evans, director of the University's Institute of Experimental Biology, who detailed late developments in the study of vitamin E, the "fertility vitamin." Doctor Evans discovered this vitamin in his laboratory in Berkeley sixteen years ago. A synthesis of the vitamin, manufactured in the East, was found recently to be capable of producing fertility in rats.

Doctor Evans' paper was collaborated in by Dr. O. H. Emerson and Dr. G. A. Emerson, both research associates in the Institute. The paper was on the chemistry of vitamin E and the structure of Beta and Gamma tocopherols.

The first University paper to be presented was by Dr. C. L. Connor and Dr. I. L. Chaikoff of the division of pathology, University of California Medical School, and concerned the experimental production of fatty livers and cirrhosis of the liver and their relation to similar conditions found in man. Neither Doctor Connor nor Doctor Chaikoff

were able to attend the Congress, but the paper was included in the record.

Another paper was presented personally by Dr. C. D. Leake on the subject, "Concentration Effect Relations of Common Inhalation Anesthetic Agents." Doctor Leake is professor of pharmacology in the University Medical School in San Francisco.

Dr. Matilda M. Brooks, research associate in biology on the campus at Berkeley, presented a paper on the mechanism of methylene-blue action on hemoglobin derivatives.

The Congress, held once every three years, is believed to be one of the most important of its kind in contemporary medicine. The last meeting was held in Leningrad and Moscow, one of the palaces of the late czar being utilized for some of the meetings.

First Western Diabetic Camp Proves Success.—Sunshine and fresh air, in the generous portions provided by recreation camps, have proved their efficacy in the treatment of diabetes. Not only do they point the way to a definite decrease in the insulin requirement, but they provide a normal regimen of healthful outdoor sport, with a minimum of scientific care.

This has been proved in the first diabetic recreation camp in the West, conducted by the Division of Pediatrics of the University of California Medical School at beautiful Las Posadas state park in Napa County. The camp was under the personal direction of Dr. Mary Olney, who was selected for the post by Dr. Francis Scott Smyth, head of the division, for her outstanding work with diabetic children.

For a period of two weeks Doctor Olney, nineteen child patients of the hospital—four boys and fifteen girls—and a staff of technicians, maintained the camp without curtailment of any of the activities enjoyed by normally healthy children, with the exception that the little ones were on a special diet and insulin treatment. In the effort they were assisted by the State Forestry Department; Miss Jean Stewart of the University's Agricultural Extension Service; Miss Laura Nichols, graduate nurse of the University of California; Mrs. A. S. Lazarus, technician, division of pediatrics; Gladys Guinay, director of the San Francisco Precita Valley Community Center; and Isaac Arnowitz, a medical student of the University. The latter two acted as recreation leaders, and were free to admit that the little patients kept them busy.

While the success of the camp has prompted plans for its repetition next year on an even larger scale, it is hoped that civic-minded organizations or individuals will become interested in it in greater numbers in order to provide administrative, recreational and routine assistance. This would leave the University's Medical School free to attend to medical and dietary supervision. The generous response to the camp needs this year by friends of the University indicates that an even more satisfactory and beneficial arrangement will be made for the 1939 camp.

Press Clippings.—Some news items from the daily press, on matters related to medical practice, follow:

Propositions Win Place on Ballot

Twenty-five Issues Get Under Wire but Two Face Court Test

Sacramento, Aug. 10.—(AP)—At least twenty-three and possibly twenty-five propositions will appear on the November 8 election ballot.

Deadline for qualifying proposals with the Secretary of State was midnight and, Deputy Secretary of State Charles G. Hagerty announced today (August 12), six initiatives, three referendums and sixteen constitutional amendments got under the wire.

Court Fight Due

Two of the initiatives await a State Supreme Court decision as to whether they qualify. They are the measure proposing a \$30 weekly pension to all retired persons over 50 and a single tax measure to replace the 3 per cent sales tax.

The qualified measures include:

The Olson and O'Donnell tideland oil bills and the Garrison Revenue Bond Act, held up by referendum.

Sardine Initiative

An initiative placing sardine fisheries under jurisdiction of the State Fish and Game Commission. Regulation of

strike picketing and prohibiting sitdown strikes; creating a State Highway and Traffic Safety Commission separate from the motor vehicle department. Prohibiting vivisection of impounded animals.—Los Angeles Times, August 12.

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State Voters Set Record at 3,437,242

California's registration for the August 30 primary totals 3,437,242.

The total breaks all previous records and places the voting strength of the State high on the list in the country.

The Democratic registration of 2,022,726, 7½ per cent higher than it was at the time of the presidential election in 1936, is 779,324 in excess of the Republican total of 1,243,402 voters.

The registration totals were compiled from the fifty-eight counties of California by the Associated Press.

183,421 Over 1936

The primary registration setting a new record in the State's history is 183,421 in excess of the registration for the presidential election two years ago.

The Democrats gained 140,712 over their Republican rivals since 1936. The Republican total was 105 less than the enrollment of two years ago.

An inescapable conclusion is reached from the new registration figures: The fact that the influx of transients, dust bowlers, and others from Midwestern areas and from the Southwestern states is largely responsible for the increase in Democratic registration.

The huge California registration places this State in the fifth position among the states in registration from all available figures. New York, of course, tops the list, with Pennsylvania, Illinois and Ohio next in line. . . .

The Democratic registration represented 58.83 per cent of the State total and the Republicans, 36.17 per cent. Two years ago the percentages were 57.74 and 38.44, respectively.—San Francisco Chronicle, August 12.

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Western Hospital Chiefs Open Stanford Meeting

With ninety-three hospital executives in attendance, the first Western Institute for Hospital Administrators opened yesterday at Stanford University, under sponsorship of the American College of Hospital Administrators, the Association of Western Hospitals, the Association of California Hospitals and the Western Conference, Catholic Hospital Association.

The Institute, to continue through August 19, will be conducted with morning and evening sessions at Stanford University and afternoon field trips to various San Francisco and Bay Area hospitals for demonstrations of new hospital equipment.

Welcoming Speeches

At the opening general session the group was welcomed by Dr. Benjamin W. Black, director of Alameda County institutions and director of the institute.

Other speakers included Rev. R. T. Howley, archdiocesan hospital counselor; Dean J. Hugh Jackson of Stanford University; James A. Hamilton, first vice-president of the American College of Hospital Administrators; Andrew C. Jensen, president of the Association of Western Hospitals; Raymond D. Brisbane, president of the Association of California Hospitals; Thomas F. Clark, executive secretary of the Association of Western Hospitals, and Gerhard Hartman, executive secretary of the American College of Hospital Administrators. . . .—San Francisco Chronicle, August 9.

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Threaded Radium "Seeds" Used as Cancer Treatment

New York, Aug. 2.—(AP)—Invention of radium threads, a new method of treatment for cancer, was announced today at the New York City Cancer Institute.

The threads are made by taking ordinary "sutures" used by surgeons for sewing up wounds, and inserting in them, spaced like beads, tiny gold or silver "seeds." The seeds, long used in cancer treatment, contain radon, the gas from radium, which gives off exactly the same rays as radium.

The seeds are so small that the surgical radium thread is smooth enough to be sown into, or around the cancer. The advantage for the "thread radium," according to its originators, Dr. Fred Hanes and associates, is the certainty of placing the burning substance in precisely the best locations.

The seeds are spaced, as a rule, from a half to one centimeter apart.

Another use of the radium thread is for cancer of the stomach. The threads are placed in rubber bags, lining it so as to cover a surface about equal to the cancerous area of the stomach. The bag is deflated, swallowed, inflated and the patient has the radium threads more or less blanketing his "lesion."

The radium threads are sterile, like ordinary surgical sutures, and hence safe for use in any part of the body.

The announcement stated that the new method has proved exceptionally valuable in treatment of mouth cancer. The patient can continue to eat and drink without much inconvenience and does not have to stay in, or near, a hospital bed.—San Francisco Chronicle, August 3.

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Thousands of Jobless Rush to California

Heavy influx of unemployed from other parts of the United States is creating a serious economic problem in several sections of California. Particularly is this true in Kern County, where a recent survey showed that approximately one-third of the population is receiving relief aid of some sort.

To protect bona fide residents of the State, California Citizens' Association, a state-wide organization, is protesting a threatened move of Federal agencies to provide relief jobs for migrants until Californians entitled to aid are provided for.

Figures are submitted by the association to show that in the last two years more than 200,000 persons seeking manual work have entered California. Border checking stations report a continuing influx of about 7,000 monthly.

The situation is bad enough at the present time. But the real danger lies ahead. What is to become of the vast throng of migrants when relief quotas have become exhausted?

Both State and Federal authorities should take steps to halt the influx of unemployed before it is too late. Only prompt action can avert wholesale suffering by unfortunate, ill-advised persons who come here seeking jobs when relief rolls already are crowded with persons unable to find private employment.—Pasadena Star-News, July 30.

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Postal Health Plan Lauded by Physician

San Francisco Bay Area Employees Set Example with Insurance System

The Post Office Foundation, a coöperative organization for San Francisco Postoffice employees, clerks and carriers, was praised today by Dr. Philip King Brown as a distinguished example of what can be done in low-cost hospitalization insurance.

The foundation here has 1,078 members, has existed since 1932. An Oakland foundation was organized in the last six months, embracing Oakland, Alameda and Berkeley Postoffice employees. The only other such foundations are in New York City, Milwaukee, Philadelphia and Dallas, according to M. H. Band, secretary of the San Francisco group.

Members are entitled to twenty-eight days a year hospital care at \$3.50 a day, \$15 for operating room expenses, and ambulance service. The San Francisco Post Office Foundation averages seventy cases a year, and the cases average eleven days in the hospital, each, Mr. Band said.

When the San Francisco group was organized in 1932, there were no age restrictions, but now no one over 40 is eligible to join. Cost of the organization, Mr. Band said, is about \$2,500 a year. The dues are collected by three collectors, who work at the Postoffice, and receive 5 per cent of their collections as compensation.

Doctor Brown, who has been a worker in behalf of health and hospital insurance for some years, contrasted the cost of hospitalization insurance under such a coöperative plan, and the higher cost under a policy from a commercial insurance company. He opposes letting insurance companies "or any middleman" into the field of health insurance.—San Francisco News, August 8.

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Social Disease Clinic to Open

The Bay Area's first coöperative clinic for the treatment of venereal diseases will be opened in Oakland at 282 Eighth Street about October 1, it was announced yesterday by Dr. W. M. Dickie, director of the State Department of Public Health.

Having received approval of the public health committee of the Alameda County Medical Society headed by Dr. George Reinle, the Alameda County Health Department and all city health departments in Alameda County, the clinic will be operated under direction of Dr. M. N. Ashley, Oakland city health officer.

According to present plans it will be opened six days and evenings a week for treatment of patients unable to pay for private medical care.

Remodeling of the municipally owned building will be financed by the city, and the State will provide clinic equipment and personnel. Oakland's public treatment center for treatment of venereal diseases, maintained at the present time at 3105 Grove Street, is expected to continue.

The project is the first for which the State is requesting funds from the United States Public Health Service out of the \$103,791 recently allocated to California for venereal disease control under provisions of the La Follette-Bulwinkle bill.—San Francisco *Chronicle*, July 29.

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Time Payment Plan Urged for Hospital Bills *Physicians Debate Proposal at Conference at Stanford University*

Installment plan payment for hospital care was debated by physicians at the Western Institute of Hospital Administration at Stanford University today, after R. D. Brisbane, superintendent of San Francisco's Sutter Hospital, urged hospitals to meet patients half way by extending credit.

Declaring that "hospital bills are undesired and often unexpected," Mr. Brisbane urged an "intelligent policy of installment paying for patients who cannot pay large bills on short notice."

Dr. George H. Kress, secretary-treasurer of the California Medical Association, advocated group hospital insurance to meet the shock of unexpected expense.—San Francisco *News*, August 12.

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Million Dollar Ultra-Modern 200-Bed Hospital Is Planned for Beverly Hills

Adequate hospital facilities for Beverly Hills and environs will be embodied in a \$1,000,000 ultra-modern structure to be erected at Maple and Alden drives in Beverly Hills.

This announcement was made yesterday following the incorporation of the Beverly Hills Hospital Association which is planning to build a 200-bed institution. Option to the site has been taken, it was said.

Plans for the hospital are being supervised and the medico-business board is being advised by a group from the California Hospital, including Superintendent R. E. Heerman.

Board of Directors

The board of directors of the association is composed of Mayor Edward E. Spence, City Treasurer Horace Blackman, William Powell, film actor; Stanley S. Anderson, Frank Burnaby, William J. Gage, Leland P. Reder and Wiley N. Caldwell, all of Beverly Hills; R. E. Heerman, superintendent of California Hospital; Howard Burrell, T. R. Knudsen, Martin Nelson, F. C. Noel and N. E. Olton, all of Los Angeles, and John Henry of Pasadena.

Stressing the need of a hospital for the Beverly Hills district, directors of the hospital association pointed out that more than 9,000 persons from that area sought hospital service last year. Several deaths occurred during 1937 because of the inaccessibility of hospitals, they declared.

Staff of 250 Needed

The hospital will require a staff of at least 250 regular employees and 100 special nurses. The institution will be operated on a non-profit basis and all officers and directors will serve without pay, it was stated.—Los Angeles *Examiner*, August 15.

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City Starts Fight on "Hospital Chiselers" *Five Accused of Wrongly Getting Free Aid*

From now on, San Francisco's "hospital chiselers" are going to be yanked into jail.

"Hospital chiselers" is the term applied by Director I. A. Richardson, of the city's Bureau of Delinquent Revenue, to those persons who get treatment at the San Francisco Hospital, swear they're paupers, and don't pay—but all the time, they've got money enough to pay in full.

Yesterday, Richardson appeared before Municipal Judge Hugh Smith, swore out five warrants against persons he designated as such "chiselers," and broadcast a warning that "hundreds more will be arrested."

Richardson's action was the outcome of extensive sub-rosa investigations into innumerable cases treated free at the city hospital. . . .

Heretofore, Richardson explained, the city and county has proceeded against what he terms "chiselers" only in civil suits. However, the practice has grown so outrageous, he says, that convictions will be sought under a misdemeanor charge, which carries a penalty of \$500 fine or six months in jail.—San Francisco *Examiner*, August 11.

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Chiropractors Are Told Value of "Ads"

One thousand delegates to the convention of the American Progressive Chiropractic Association were winding up the meeting today with a clinic for children and a baby show.

Dr. Clement J. Joynt, addressing the convention at 920 Venice Boulevard, advocated use of newspaper advertising to keep the public informed as to the newest methods of healing.

"The American public owes most of its health and thousands of lives to the newspapers," he said. "It is the duty of every specialist in the healing arts to advertise. California is known for its advertising quacks, but this is because there are so many healing cults in the State. However, the death rate here is low, so there is some justification in the claim that advertising is a benefit."

A demonstration on the proper way to sit was part of the convention program.—Los Angeles *Herald*, August 6.

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Health Is Social Problem*

It is encouraging that those physicians who are standing against the only possible method of meeting the social (not the medical) problem of illness in the middle-income group are at least recognizing the existence of the problem and proposing ways to meet it. That these are all wrong ways, since they are all directed to something else than the real problem, is not necessarily discouraging. For, until something is done which does meet the real social (not medical) problem, nothing else will satisfy the public need and demand, or be accepted as a permanent solution. Even a false start, therefore, is a start.

The makeshift most popular among physicians is to meet the hospital part of the problem by insurance, in the hope thereby of escaping the insurance method of meeting the other two parts. The idea is that if the hospital costs are already provided for, by previous payments to the insurance fund, there may be something left, now or later, from which the physician can collect his part individually. Thus the sacred principle of individual payment (not treatment; that is individual anyway) will be preserved.

And if, in many cases, the physician will still fail to make collections individually, he would rather lose the money than be paid otherwise than individually, or from any but the patient's personal funds. How the third problem of the grocer and the landlord shall be met, the physician does not regard as his concern. The reason is that he still regards the problem as medical, and paying the rent is not a medical problem. But it is a social one, and is an indivisible part, often the major one, in the social incidence of illness. It is only when we regard the problem as a social whole that we recognize the medical part as only one of the three factors in it, inseparable socially (not medically) from the other two.

Another plan, just voted by the Denver County Medical Society in Colorado, and already tried in numerous other places, has the same purpose in view. That is to separate the medical from the other factors of the problem and to preserve the still sacred principle that each person shall pay individually the medical part of the costs of each of his own illnesses, in proportion to the duration and severity of that illness and the treatment it requires. If he can insure the hospital part of the costs, in advance, and pay the grocer and the landlord out of unemployment insurance, so much the better. But the medical part of the costs must not be averaged, by insurance or any other averaging device.

The Denver scheme, which Doctor Haggart, president of the Medical Society, mistakenly thinks is "unique," is to provide medical service, in each case by the physician of the patient's own choice, under a plan of subsequent "repayment." Even if this is partially averaged, on the patient's "group," it is only half way toward the insurance principle, since the repayment is to be accumulated afterward, and is to be in proportion to the particular illness. If it is to be individual, budgeted out of the patient's savings after he recovers, it is not insurance at all.

The danger is that these too conservative programs emanating from the medical profession may plunge us into the too radical program now brewing in Washington. In the effort to keep the business (not the practice) of medicine individual, we may find that the bugaboos of "State medicine" and "socialized medicine" have become realities. Health insurance is, of course, neither of these things, any more than fire insurance is. But a huge bureaucracy from Washington may easily become both of them. It may usurp into the Federal Government too much of what should be the states' function of public health service. And it will be under almost irresistible temptation to intrude itself into what should be the private function of individual medical service to the sick. It is too easy to tap the supposedly inexhaustible Federal funds, to regiment physicians into salaried public employees and to charge to the taxpayers what people should pay for themselves.

The problem is not of the indigent. They pay the grocer and the landlord out of the public funds now, and the

* By Chester Rowell.

physician should be paid out of the same funds, instead of working as he largely does now, for nothing. Neither is it of the prosperous. The present system is working well for them and nobody proposes to change it. It is of the employed wage earners and others in the same income brackets, who are self-supporting now, in everything but the costs and losses of serious illness, and are perfectly able and willing to bear their full share of the average cost of illness, too. The other costs of life average themselves, all but the risks of fire and of premature death, and these they distribute among the whole group, by insurance. That is likewise the only way to distribute, by averaging it, the unaverage costs of always unpredictable illness. There is no need of regimenting the science or deindividualizing the practice of medicine, to do thus, nor of reducing physicians—except for the indigent on relief—to salaried state employees. But there is need of insuring the payment the same as is done with the other unaverageable costs of life. The public does not pay anybody's fire insurance premiums. It does pay everybody's fire department. The same distinctions exist in the two branches of health and medical service.—San Francisco *Chronicle*, August 20.

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Typical New Deal Methods

For a good many months the New Deal has been going out of its way to point out how the medical profession in general has failed to care adequately for the people, and many of the administration spokesmen have declared for some form of socialized medicine. Most of the proposals begin with impassioned declarations of the inadequacy of care provided at present, and would end with the Federal Government having a very large share of control over the medical profession.

The American Medical Association has, of course, opposed most of the government's attempts to encroach on what they term the fundamental principle that "the physician must be master in the house of medicine," and in the District of Columbia they have very strenuously objected to the operations of an organization known as the Group Health Association, which is a coöperative movement, organized by employees of the Federal Government, and designed to secure medical care for its members at a low cost.

Now, we do not claim perfection for the members of the American Medical Association. Doubtless they have been guilty of many mistakes in the past, and it is probably true that they will make many more. But it is as a perfect example both of New Deal methods of getting what they want, and of New Deal hatred of opposition and criticism in all forms, that the present case is cited.

For when the administration saw that the American Medical Association opposition to this Group Health Association was likely to continue and grow in effectiveness, they took a typically drastic course, and the Department of Justice, acting through its publicity-seeking official Mr. Thurman Arnold, decided to institute anti-trust proceedings against the activities of "organized medicine." Thus, instead of urging their side of the argument on its merits, the government, to press its point, has taken criminal proceedings against an association which has opposed its will in this instance.

Again the country has an example of the assumption of infallibility upon the part of the present administration, and a fanatical hatred of all opposition that has grown to such proportions that now opponents are indiscriminately charged with a violation of the law in an attempt to make them fall in line. Both the autocratic despotism of European governments, and the intimidation practiced by petty ward bosses who threaten the revocation of necessary licenses, are all too evident in this latest action of the Department of Justice, for that action to meet with the favor of any sober-thinking citizen.—San Francisco *Argonaut*, August 12.

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Keep Government as Far Removed as Possible from Medicine

The problem of health insurance is one of the most pressing before us today. The squabble in Washington between medicos opposing and those supporting coöperative organizations through which the government employees may pay so much a month and be assured of medical attention when they need it brings the matter to the public attention and may be a step toward the ultimate solution of the problem.

The main difficulty seems to be to avoid paternal governmental action by which socialized medicine will be fastened upon us whether we wish it or not.

Whatever is done in this line, it appears, should be entirely voluntary. We should not be forced to pay additional taxes for the support of such organizations.

If a man or woman wishes to join with others for mutual insurance against illness, we can see no reason why he or she should not be allowed to do so.

But when certain groups insist that the country or the state or the national government shall provide this service through any procedure that will force all of us to pay more taxes, we shy at the proposal because of numerous factors involved.

One of the most serious factors is the political graft that has almost invariably accompanied such procedure.

Persons well able to pay for their own medical care have too often been granted free service at government-supported hospitals. Favoritism is a parasite for which we have found no remedy. We are not likely to find the remedy as long as politics is what it is.

So many other factors are involved in this problem that the average man cannot untangle the complicated mess.

We believe that our best procedure is to keep government as far removed from medicine as possible.—Petaluma *Argus-Courier*, August 9.

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An Expensive Proposition

The taxpayers of Siskiyou County are to be asked (or should we say required) to shoulder an additional expense for enlargement of the county hospital at Yreka.

At a meeting of the supervisors, Yreka doctors and a few taxpayers held in Yreka Tuesday plans formulated months ago for the construction of a tuberculosis sanatorium to be operated in conjunction with the county hospital at Yreka were scuttled.

The Yreka doctors present at the meeting and who voiced their opinions favored an addition to the present county hospital building, instead.

The need for more room at the hospital is occasioned by the practice of accepting "pay patients" at the institution and thus providing a convenience for Yreka doctors in their private practice.

Of course, it is claimed that any of the doctors of the county are entitled to the same privileges as the county seat medicos. Nevertheless, it is obvious that the advantage is all in favor of the Yreka doctors.

The *News* has no quarrel with the Yreka doctors except that it is not right that the taxpayers should be asked to contribute a fund for enlargement of the hospital for the convenience and benefit of those doctors.

Of course, patients of the doctors benefit also. But if there is need for a private hospital at Yreka it should be provided by private capital. The taxpayers should not be asked to provide it.

The county hospital was originally built to care for poor people of the county who could not pay for treatment of their ills. However, a fine, new building was constructed a number of years ago and it has been used regularly since then for the accommodation of "pay patients." Now it is proposed to still further enlarge the building so that more "pay patients" can be taken in.

It would not be so bad, but still unwarranted, if all the "pay patients" paid their hospital bills. But it is well known that they do not.

McCloud, Weed, Scott Valley, Hilt and Dunsmuir have hospitals that are being operated as private institutions, asking nothing from the taxpayers. It is not fair to them for the county to operate a hospital at county expense where "chiselers" can take advantage of a circumstance that an honest person would be willing to pay for.

The *News* believes the county hospital should be used exclusively for poor people who cannot afford other treatment of their ills. If "pay patients" were not received it would probably not be necessary for taxpayers to provide a fund for enlargement of the building.—Dunsmuir *News*, August 12.

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Five Dogs Found Rabid

The local rabies menace increased yesterday, when five mad dogs were reported caught in various parts of Santa Clara County, according to Ralph Simmons, county health inspector.

There was much consternation on the Stanford campus when a stray dog caught there was proved rabid, Simmons said. The dog was taken to the Palo Alto animal shelter, and a positive identification of rabies was made by Dr. Frederick Proescher.

Doctor Proescher also reported a positive test on a dog owned by Albert Olsen, Homestead Road, and a similar report was made by Dr. H. G. Deisner of Sunnyvale on a dog owned by J. Caviglia, Hollenbeck Road. Caviglia's dog bit one person before it was caught.

The heads of two other dogs, one from Homestead Road, the other from 1678 Monroe Street, Santa Clara, are being examined for rabies. Both animals showed positive symptoms of the disease.

"In spite of all the warning that has been given, some dog owners are not observing the quarantine," Simmons

said. "Coöperation of every dog owner is needed. No dogs should be allowed to run at large, a menace to other animals and to the general public."—*San Jose Mercury-Herald*, August 19.

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Placing the Blame

Disregard of owners of dogs and cats for the quarantine, and apparent indifference to the welfare of the public and safety of their own pets is responsible for the continued menace of rabies in San Jose and Santa Clara County.

The county and city health departments have appealed to the civic spirit of the community; the State has ordered a strict quarantine. Not one in a hundred has even made a pretense of obedience or coöperation, though a current report from the city and county health departments states that 'rabies is still prevalent and remains a serious menace.' And will be until all dog and cat owners do their part by keeping their pets confined on their premises and away from visitors and stray dogs.

If everyone obeyed this quarantine ordinance strictly for two months, rabies would be entirely stamped out, declare the two health departments. As it is—well, yesterday a horse and a dog, both suffering from rabies, had to be shot, while a suspect dog was taken to the city pound for observation.

During the more than nine months since the disease became so prevalent that the State took cognizance and put the city and county under quarantine, 301 persons have been bitten by dogs—52 of them by rabid animals—28 persons with wounds have been contaminated by rabid dogs and 86 are or have been undergoing the Pasteur treatment, while, by clinic and microscopic tests, 107 dogs have been definitely proved to be rabid.

Just because a dog has a pedigree or is a pet doesn't make him immune from rabies. Nor does it lessen the owner's responsibility for obedience to the law. Be a good citizen and help stamp out rabies as a service to the community and for the safety of your pets.—*San Jose Mercury-Herald*, August 19.

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Why Not Face It?

The administration's trust busters have made themselves ridiculous by jumping the American Medical Association as a trust. The doctors make no commodities. They sell services. If they are anything within the Government's interstate commerce powers, they are a labor union. The acts of which the Government complains, in the association's discouragement of a federal employees' panel health service, are the methods followed by labor organizations.

The trust busters are trying to let go the tail of this bear they grabbed so innocently. Yet, instead of trying to save face, they might bring some beneficial results from their mistake.

They might, by frankly facing the issue, disclose to public opinion that organized labor is encouraged to use methods to an extent to which the organized doctors' use of those methods the trust busters have condemned. They might put the light on the fact that industry is flatly forbidden to do at all what within bounds might be of public benefit, and which labor unions are encouraged to carry to excess.

The trust busters might discover that the persons of small income who cannot meet the high cost of illness are the same who cannot meet the high cost of housing and living. They might discover that persons ruined by the cost of illness then cannot make payments on the Government loans made to encourage home building. The loans do not make housing any less costly but do make it easier to get into debt. Government might also make loans to pay the cost of illness, but, if the borrowers did not pay, could not foreclose on the operation as may be done on the home.

The doctors might discover a method of assuring medical care to small income groups and also assure that they get paid for their services. Organized labor might find a method by which to reduce labor costs per unit of housing so that more persons could afford decent housing and so provide enough work to give labor bigger incomes.

The blunder the trust busters made when they went after the doctors so far has aroused humor. It might better be used as an opportunity to produce a great deal of public good, by restating the principle of equal rights to all, special privileges to none.—*San Francisco Chronicle*, August 17.

* * *

Changes Proposed to City in Hospital Benefit Plan

Would the city be willing to help promote the recently proposed hospital insurance plan by paying toward the premium the \$1.10 it costs to extend the existing municipal hospitalization benefit to each resident of Palo Alto,

in the event the citizens were willing to forego the latter in favor of the former?

Such a proposition was broached to the city council last night by Dr. Granville Wood, member of the Palo Alto Medical Society's committee which recommended the new insurance arrangement.

Reference of the question was made to the council's committee on audits and accounts.

Doctor Wood briefly outlined the proposed plan, which he characterized as "very fine," since it would make possible hospitalization benefits in case of illness, at a cost of \$10.20 a year.—*Palo Alto Times*, August 9.

* * *

Urge Non-Profit Plan for Medical Aid in Hospitals

Establishment of the mutual, non-profit plan for medical aid of the Insurance Association of Approved Hospitals in Santa Cruz County had been projected yesterday with approval of the plan by the Santa Cruz County Medical Association in session at Rio Del Mar club.

Assistance of the Alameda unit in setting up a county unit will be sought and \$500 raised to pay the necessary expenses. The plan was first adopted by the Alameda group, it was declared, and has met with success in San Francisco, San Mateo and Contra Costa counties.

Under the plan medical aid is furnished to members of groups who join in the plan, and only group units may join. Each member pays 90 cents a month, paid through a group assessment. Other members of the family may also qualify for aid by a similar payment.

Included in the services to be offered are three weeks' hospitalization for each sickness or accident during the policy year in any approved hospital in Northern California. The patient will be allowed board and room, general nursing care, operating room service, x-ray, laboratory service, material appliances, dressing, physiotherapy treatments and ordinary drugs and medicines.

Further announcements as to the setting up of the plan and its methods of working will be made later.—*Santa Cruz News*, July 20.

* * *

Hospitalization Insurance

The Palo Alto Medical Society, backing a hospitalization group insurance plan, is flying in the face of hostile opposition of the American Medical Association, which has gone on record as opposed to socialized medicine. But in doing so the Palo Alto medical fraternity is placing the needs of the clientele above the conservatism of the profession. The decision is on the side of humanitarianism.

The plan, in brief, involves issuance of a policy under which, for a payment of 85 cents a month, the beneficiary will be entitled to twenty-eight days of hospitalization for each illness suffered during the year. The benefit would be paid at the rate of \$5 a day, sufficient to cover the cost of a bed in a ward or to make contribution toward the cost of a private room, and in addition provide for x-ray, operating room, laboratory and anesthetic charges. There, of course, would be some restrictions. But the coverage bought by the small fee paid monthly would be one of unusual liberality.

The plan which the Palo Alto physicians have worked out in coöperation with insurance representatives represents the fulfillment of a hope long held by those who have viewed with disapproval the fact that too many people of the economic middle class find themselves unable to buy hospital care when it is needed.

For the wealthy, the situation offers no problem. The indigent are provided for in public and charitable institutions.

But the white-collared wage earner whose taxes support the indigent sick often finds himself in a relatively helpless plight when his turn for medical care comes.

The term "socialized" need hold no terror in this case. The very existence of a system whereby the indigent are cared for represents the functioning of a socialized plan to which we have long been accustomed. After all, it is the service offered rather than the term by which it is either glorified or damned that should determine the worthiness of any scheme.

The Palo Alto Hospitalization Group plan is not strictly a socialized scheme, however. There is nothing compulsory about it. Taxation is not a factor. The plan for its success depends upon the voluntary signing up of policyholders wanting such protection.—*Burlingame Advance-Star*, August 3.

* * *

Each Group of 15 Workers Hires One Public Servant*

Each group of fifteen persons employed in private enterprise supports a sixteenth, who has a government job.

* Query. Under a State Medicine system what would be the proportion of lay supervisors and clerks to the number of physicians on the state panels?

That is to say, the average family contributes three and a half weeks of its income each year to pay the salary of an employee in Federal, State or local government.

This is not the total tax contribution, which is far larger. It is solely the contribution to the public pay roll.

The number of employees upon which this is based does not include relief workers, the CCC or the millions of persons who this year will receive checks from the Treasury for relief or subsidies in agriculture or elsewhere. It consists entirely of persons in regular government employment.

In this connection, regular employment is more than a figure of speech. Millions of workers in private enterprise have in the last few years been suddenly deprived of their jobs. The workers in government employment have had security. Actually there has been a large increase in the number so employed during the period in which private employment has shrunk. In the period of recession which began last year and threw more than 3,000,000 workers back onto the unemployment rolls 79,000 employees were added to the government lists.

In 1929, the high employment level, there were 47,885,000 workers employed, of whom 2,070,000 worked for the Government. The public employees represented 4.3 per cent of the total employment.

In June of this year the total employment figures were 42,955,000; of these the public employees had increased, from the 1929 figure, to 2,511,000. This meant an increase of about 25 per cent in the number of government employees in a period when private employment was declining sharply. Fewer employed workers, most of them upon sharply curtailed incomes, had to support an increased number of public servants, who had suffered little if any diminution of income and in some cases enjoyed increases.

The figures are provided by the National Industrial Conference Board report. They may be studied to advantage by workers who want secure jobs, short hours, high wages and independence of the boss, yet who are signing for an increasing number of well paid persons to boss them around.—Editorial in *San Francisco Chronicle*, August 24.

* * *

Survey Shows 2,590,000 Persons in Public Jobs

Washington, Aug. 21.—(Exclusive)—One out of every sixteen persons now employed in the United States has a regular job with a Federal, State or governmental unit, according to a survey made by the National Industrial Conference Board, results of which were released tonight.

Job Peak in 1929

The board noted that although total employment in June of this year had slumped by 3,340,000 persons as compared with September of last year, governmental employment had increased 79,000 persons in the same period.

"Total employment in the United States reached its highest level in 1929," said the report, "when government employment accounted for 2,070,000 individuals. In June, 1938, when total employment figures showed 4,930,000 fewer workers than in 1929, government employment showed the opposite tendency, rising to a new high of 2,590,000 employees, an increase of 25.1 per cent over 1929."

Public Rolls Huge

Of June governmental employment, 1,194,000 persons were listed as employed by the Federal Government. This includes regular civilian employees of executive departments, workers for judicial and congressional offices and the Army and Navy, but does not include CCC or WPA workers. In the same month pay rolls of state and local governments carried 1,396,000 persons.

In 1929 the comparable totals were 833,000 federal and 1,237,000 state and local workers. The federal civilian pay roll for June, exclusive of the military, judicial and congressional employees, contained 857,520 persons, to whom was paid \$128,071,062 during the month.—*Los Angeles Times*, August 23.

* * *

Institutions to Be Improved

Sacramento, Aug. 23.—State Director of Institutions Harry Lutgens today revealed a \$7,680,117 institutional rehabilitation program for which federal aid would be sought.

The new program, aimed at increasing facilities for caring for patients at the state hospitals, would supplement the \$4,807,200 program already under way.—*San Francisco News*, August 24.

* * *

Public Nurses to Trace Venereal Cases: Urged by California State Health Department

Employment of public health nurses to investigate each case of venereal disease, to determine from whom it was contracted and to whom it was given, was urged on city

and county health departments today by the State Department of Public Health.

The state department reported that 2,759 cases of venereal disease came under medical care in California during July—1,571 cases of syphilis and 1,188 of gonorrhea.

During the last five months 96 sources of infection and 552 persons who had been infected by patients who sought treatment, were located by public health nurses employed by the State and assigned to local health departments.

These nurses also located 1,352 patients who had stopped treatment without their physician's consent.

"Shoe leather epidemiology," is the descriptive term given the nurses' work by the state department's report, which points out "many calls are usually required before she finds the person she is seeking."

"In a misguided attempt to protect others," the report continues, "patients often give wrong names and addresses when they report the persons who infected them or whom they may have infected."

San Francisco has three state nurses, Los Angeles has two, while Contra Costa, San Bernardino, San Diego and Santa Clara counties, and the city departments in Long Beach, Pasadena and Sacramento, have one each.

During the month of July, Los Angeles County led the state in the number of venereal disease cases reported, with 735 of syphilis, 429 of gonorrhea. San Francisco was second, with 118 syphilis cases, 194 gonorrhea.

The health department pointed out that a high numerical rating of cases does not mean that there are necessarily more cases proportionately in that county, but may mean that more cases are being discovered and reported.

In accordance with regular practice, to discover all cases possible, all San Francisco's emergency hospitals are offering free, confidential Wassermann tests for syphilis from 10 a. m. to 10 p. m. today.—*San Francisco News*, August 24.

* * *

Syphilis Tests Offered at U. C.

The University of California health center, largest of its kind in America, joined today in the campaign against venereal diseases, with inauguration of optional Wassermann syphilis tests for all new students. The announcement climaxed a two-year campaign by student leaders and *The Daily Californian*, student publication.—*San Francisco News*, August 24.

* * *

Adding Tax to Doctor's Fee*

Editor The Chronicle—Sir: For some time past the big dailies of our cities have given much space, pro and con, as to the regimentation of the medical profession. If that becomes the law through the wise bunch in Washington, I pity the poorly housed, ily nourished and scantily clothed. Such a law has been tried in other countries, with disastrous results. If the profession is ever controlled by politicians the tax to support it will be squeezed out of every taxpayer. On top of that will be the overhead expenses for political appointees to enforce the mandates of the vicious law, as was done under prohibition. Should a citizen prefer to call in his family physician in preference to the political appointed doctor, he will have to pay for his American privilege out of his own pocket. The medical profession has always done more gratis work for the poor than any other profession in the whole country, and gratis work can't be done without overhead expense added to it.

If a layman gets into serious legal difficulties and requests the service of a lawyer, he is, in most cases, made to pay a retaining fee before he starts his legal work on the case.

If a layman went to a doctor about one of his family being seriously injured or sick and was asked for a retaining fee, he would have the whole community on his back to drive him out and have his license revoked and expelled from all medical societies. Why should the party ticket in Washington—they think they are democrats—spend their venom on the medical and dental professions and let the legal and other professions run wild as they see fit?

M. A. CRAIG, M. D.

* * *

Migrant Woman Gouges Out Eye, Hacks Off Hand

Merced, Aug. 24.—(UP)—Medical science—pitted against religious fanaticism—saved the life today of Mrs. Ola Irene Harwell, 26, who gouged out her right eye and chopped off her left hand because they had "offended" her. On the operating table at Mercy Hospital here she verified a story told by her youthful second husband, Woodrow Harwell, 20, that she had maimed herself after a strenuous "prayer session" in the couple's one-room shanty on the Meadowbrook Farm.

Tragedy at Prayer Session

Itinerant cotton pickers who came to California four months ago, the couple, with Mrs. Harwell's two small

* This item taken from the "People's Safety Valve" department of the *San Francisco Chronicle*.

sons by a previous marriage, knelt in prayer after their evening meal last night.

Mrs. Harwell led as the quartet swayed and chanted, shouting fervent "amens." While reading from the Bible, Mrs. Harwell came across the Book of Matthew, Chapter 18, Verses 8 and 9:

"Wherefore, if thy hand or thy foot offend thee cut them off and cast them from thee. . . . And if thine eye offend thee pluck it out and cast it from thee. . . ."

Harwell said his wife suddenly announced that both her right eye and her left hand had "sinned." She got up, took a pair of scissors with her and left the room.

Then Harwell put a crude bandage on her wrist and mopped up some of the blood on the cabin floor. His wife asked him to bury the severed hand. He later told officers he placed the hand in a shallow hole near the cabin.

Harwell said he was so weak from excitement and the strain of the session that he could not follow her.

Amputates With Ax

She went outside to a woodshed. There she gouged at her eye with the scissors, then placed her hand against a concrete pipe and picked up a large lumber ax.

She swung three times before the hand fell to the ground. She then returned to the shack and, covered with blood but apparently in possession of her faculties, lay down on a bed.

Harwell said she aided him in further praying while he sent the oldest boy, 10, to the house of a neighbor, Mrs. Bessie Wilcox. She called a Pentecostal minister, who in turn hailed State Highway Patrolman Curtis Farr.

The maimed woman was taken to Merced.

Husband Is Idle

Police said the couple and their children were typical of hordes of itinerants from the Oklahoma and Texas "dust bowl" areas who have swarmed into California in search of work.—San Francisco News, August 24.

LETTERS

Subject: Editorial from Santa Ana Register concerning free medical service.

Santa Ana, Cal., August 24, 1938.

To the Editor:—We are mailing to you, under separate cover, a marked copy of the Santa Ana Register. The article marked speaks for itself as to the feelings of our editor here relative to medical service and practice. We have reprinted this editorial in full in the "Bulletin of the Orange County Medical Association," and felt that perhaps others may want to comment on it in their publications, as it is a very timely article.

809 North Main Street.

Very truly yours,

J. L. MAROON, M. D.

SHARING THE COMFORTS OF LIFE* Free Medical Service

With the President advocating an extension of the Social Security Act and free medical service, and a contributor contending that voters should write to their Senators demanding an Act for free medical service, the subject becomes worthy of consideration.

The contributor contends that the American Medical Association is a monopolistic group and must be broken up. Does the contributor know what a monopoly is? If there is anything that is not a monopolistic group, it is the medical profession. Great doctors are different from great businesses. When a doctor makes some new medical discovery that will be of benefit to his fellow doctors, he immediately makes it public to the world. He often even discusses it before he masters the subject himself. Not so with private business; it keeps it a secret and gives it a patent.

And in contrast with free public schools, where the teachers are inbred and can only teach what the mass, or majority, want taught, the doctors give of their time and energy to instructing the young doctors so that they also may become efficient. They certainly are in great contrast to the monopolies of government operations in general.

In another manner the doctors are anything but monopolistic. Practically every doctor gives away hundreds of dollars worth of services free every year; but certainly they are entitled to retain the right to determine to whom they will give free service.

One reason why free medical services would not be practical is that there is a vast difference in doctors, and different people want a choice of doctors to serve them. If everyone

should receive all the medical service he really could use, it would be an extremely expensive undertaking. And where would this money come from to make medicine free? If attempted to be made free, it could only be made free in a very meager and unsatisfactory manner, because there are not enough doctors of the greatest skill to give complete medical and dental service to all.

And the pay for this would not come from the rich, as the taxes are not now coming from the rich, but it would come from the great middle class of honest workers. The wealth that would be paid the doctors would have to come from this class and they now are not able to pay the running expenses of the Federal Government at the rate of \$100 per year for every worker; with our present government socialism we are eating up savings of the workers of the past. Why should we take more from the worker, who produces his right to have good, efficient medical service and more of the comforts of life and give it to those who do not produce? One of the greatest incentives for saving and sacrificing and doing without semi-luxuries is the ability to get the best medical care in case of sickness.

Political Football

And if medical services were free, each patient would be obliged to take whatever doctor the governmental bureau decided to send him. And the bureau would send, undoubtedly, the best doctor to those who helped keep them in jobs. And individuals who did not agree with those in power would get the poorest. Who would like to have a man like Franklin Roosevelt or William Gibbs McAdoo, or their agents, selecting a doctor for them? And these men who control the doctors also would control their treatment. The doctors would not be able to use their own initiative and their own judgment. There would be no competition. The medical profession would sink to bureaucratic stagnation.

If there is anything that is impractical, because of the vast difference between doctors and the need of ever and ever better medical service, it is free medicine. It would be the death knell to progress in medical advancement.—Santa Ana Register, August 19.

Subject: Costs of public institutions in San Francisco.

San Francisco, July 13, 1938.

Editor, CALIFORNIA AND WESTERN MEDICINE,
450 Sutter Building,
San Francisco, California.

I am enclosing sheet setting forth expenditures of the Department of Public Health for 1936-1937, which I know will be of interest.

With kind regards, I am

Sincerely,

J. C. GEIGER, M. D.,
Director of Public Health.

Total Expenditures, San Francisco Department of Public Health 1936-1937

Population estimate, San Francisco, 1936-1937.....693,000

		* Cost Per Patient Day
San Francisco Hospital.....	\$1,541,396.33	\$4.02 [†]
Laguna Honda Home.....	589,810.03	0.858
Hassler Health Home.....	91,390.79	2.829
Emergency Hospitals.....	229,177.50	3.207
Outpatient Maternity.....	10,440.56	25.65
City Physicians.....	31,924.62	1.34
General Conservation of Public Health.....	656,959.54	
	\$3,151,099.37	

Average daily census of San Francisco Hospital.....	1,051
Average daily census of Laguna Honda Home.....	1,908
Average daily census of Hassler Health Home.....	88
Total number of patients served by Emergency Hospitals.....	71,446
Total number of patients visiting Outpatient Maternity Clinic for examination.....	859
Total number of births at home, Outpatient Obstetrical.....	242
Total City Physicians' calls.....	16,259
Average monthly total of patients on Outpatient follow-up service—San Francisco Hospital.....	580

* The above figures do not include cost of employees' retirement system; nor depreciation on buildings and equipment, which amounts are not included in Health Department budgetary accounts, but which do add to the cost to the City and County of San Francisco.

[†] Editor's Note.—These San Francisco costs may be compared with higher Los Angeles rates as given in CALIFORNIA AND WESTERN MEDICINE, February, 1938, page 100.

* By R. C. Hoiles.